NYS PARTNERSHIP FOR PATIENTS

GUIDING PRINCIPLES

FOR REDUCING CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

INNOVATE

Embed the principle of "no catheter, no infection" into all care delivery by reducing insertions and discontinuing the indwelling urinary catheter as soon as possible.

- Target interventions to reduce urinary catheter utilization and encourage early catheter discontinuation in high-utilization units, such as:
  - Emergency Department (ED):
    - Targeted education for ED staff to insert urinary catheter only when medical necessity criteria are met.
    - Implement ED-specific indwelling urinary catheter protocols for insertion criteria.
  - Operating Rooms (OR):
    - OR-specific education to standardize evaluation of medical necessity of urinary catheter for the surgical procedure.
    - Standardize indwelling catheter discontinuation timeframes post-operatively.
  - Intensive Care Unit (ICU):
    - Consider alternatives to indwelling urinary catheter (e.g., condom catheter, daily weights, volume assessment).
    - Implement standard urinary catheter medical necessity review upon decision to transfer to a lower level of care.
- Address the socio-adaptive aspects of committing, as an organization, to zero CAUTIs.
  - Promote staff awareness of potential harm associated with using indwelling urinary catheters with posters, screensavers, catheter tray stickers, order sets embedded in the electronic medical record (EMR), and nurse-driven catheter removal protocols.
  - Encourage staff to "speak up" or "stop the line" to prevent medically unnecessary indwelling catheter insertion.
- Consider Root Cause Analysis (RCA) of all identified CAUTI events.

ENGAGE

Encourage staff awareness and support for increased hospital-wide attention to reducing patient harm caused by indwelling urinary catheters.

- Engage Leadership support for hospital-wide CAUTI reduction efforts.
- Engage staff in continuous improvement by:
  - Creating a multi-disciplinary team to help design CAUTI reduction protocols and promote awareness within their specific unit or disciplines. Consider including:
    - Wound Care Specialist;
    - Infection Preventionist; and
    - Physical Therapy.
  - Recruit physician, nurse, and infection prevention champions, particularly in high-use areas such as the ED, peri-operative units, and ICUs.
  - Have the team develop a list of appropriate indications for indwelling urinary catheterization, starting with those specified in the 2009 HICPAC Guidelines.[1]
  - Implement continuous hospital-wide education on importance of CAUTI reduction and potential harm from indwelling catheters, including CAUTI, development of urethral strictures,[2] secondary bacteremia or sepsis,[3] and patient discomfort.
  - Provide data to units in as close to real-time as possible, including CAUTI rates, adherence to urinary catheter insertion protocols, and catheter utilization ratios.
  - Implement a format for team members to provide continuous feedback.
- Engage patients and caregivers to reduce risks associated with indwelling urinary catheters (or incontinence) through education about the benefits of not inserting a catheter, and indwelling urinary catheter maintenance.
  - Enlist patient and family help with toileting as appropriate.
  - Provide patient and caregiver education verbally and in writing; consider using "teach back" techniques to ensure instructions are understood.
  - Encourage questions from staff, patients, and families.

1. Gould C.V., Umscheid C.A., Agarwal R.K., Kuntz G., Pegues, D.A. Healthcare Infection Control Practices Advisory Committee. "Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009." *Infection Control and Hospital Epidemiology* (2010); 31(4): 319–26.
2. Hollingsworth J.M., Rogers M.A.M., Krein, S.L., Hickner., A., Kuhn, A., Cheng, A., Chang, R., Saint, S. "Determining the Noninfectous Complications of Indwelling Urethral Catheters: A Systematic Review and Meta-analysis." *Annals of Internal Medicine* (2013); 159: 401–410.
3. Association for Professionals in Infection Control Epidemiology. *Guide to the Elimination of Catheter-Associated Urinary Tract Infections (CAUTIs);* Washington: APIC (2008).

INTEGRATE

Build and test interventions to reduce all patient harm with a focus on reducing the rate of indwelling urinary catheter insertion and early discontinuation of catheters when no longer medically necessary.

- Work with CLABSI, Pressure Ulcer, Fall Prevention, and Surgical Site Infection quality improvement teams to prevent overlap or gaps in care.
- Ensure interdepartmental planning and communication, particularly in shared processes and hand-offs between:
  - ED and nursing units;
  - ED and surgical suite;
  - Surgical suite and nursing units; and
  - Critical care and all units.
- Test and evaluate interdisciplinary cross-education and communication tools. Modify tools and protocols based on monitoring and staff feedback. Examples of tools include:
  - Whiteboards;
  - Posters;
  - Rounding documentation;
  - Hand-off documentation; and
  - Daily goals sheets.
- Implement EMR protocols to reduce insertion of indwelling urinary catheters. Example protocols and checklists include:
  - Order sets and care plan that includes CAUTI Insertion and Prevention Bundle.
  - Standardized medical indications for indwelling urinary catheter.
  - Nurse-driven discontinuation protocols—driven by daily assessment of medical necessity.
  - Hard stop discontinuation orders for appropriate specialties (i.e., surgical patients).

HARDWIRE

Standardize policies and practices to reduce CAUTI and associated complications; make it easy to do the right thing.

- Modify EMR to contain standard order sets that include insertion criteria, daily review of medical necessity (ideally during each shift), and protocols for discontinuing indwelling catheters.
- Standardize education and communication using approved tools, such as whiteboards, posters, rounding, and hand-off documentation.
- Ensure policies and procedures are in place that reinforce the insertion and maintenance bundles, including (but not limited to): ongoing education, clinical skills review, monitoring, etc.
- Monitor compliance with policy and protocols. Gather data and provide feedback to the entire staff on:
  - Compliance with CAUTI Insertion and Prevention maintenance bundles.
  - CAUTI rates tracked by service line and unit.
  - Indwelling urinary catheter insertion rates and catheter utilization ratios in the ED.
  - Adherence to appropriate medical necessity indications for insertion of urinary catheter.
- Schedule systematic reviews of the established CAUTI Prevention Program that incorporate data analysis, results of RCA, and staff feedback.